

# Texas EMS Conference 2004 - EXHIBITOR REGISTRATION FORM

Exhibit Show, November 21-23, 2004 - Austin Convention Center

Austin, Texas

(Please type or print clearly)

18% administration fee charged on refunds—no refunds after 10/1/04

Firm Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Area Code \_\_\_\_\_ Website: \_\_\_\_\_

FAX \_\_\_\_\_ Type of product: \_\_\_\_\_  
Area Code \_\_\_\_\_ (Please be specific)

1. 2. See page 3 for special marketing/sponsorship opportunities. Have someone call and speak to:

Name \_\_\_\_\_

Phone No. (Area Code) \_\_\_\_\_

3. The registration fee includes two representatives per exhibit booth. Additional booth staff will be charged \$75 each—include this amount in your total. Attach a typed list to this form if you need more room. (Please print clearly).

Last Name

First Name

Title/Certification

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

For exhibitor information: Call 512/834-6748  
The floorplan is located at:  
[www.tdh.state.tx.us/hcqs/ems/04floor.htm](http://www.tdh.state.tx.us/hcqs/ems/04floor.htm)

☐ Please check here to verify that you have read the Rules and Regulations on page 6.

Exhibit hall client passes: No charge for 10 or less; not personalized. Number needed \_\_\_\_\_

4.

Write in booth number(s) requests from the floorplan. The floorplan can change daily—choices are subject to availability and are not guaranteed.

☐ Let us choose for you

1st choice (s) \_\_\_\_\_

2nd choice (s) \_\_\_\_\_

3rd choice (s) \_\_\_\_\_

Please reserve the following exhibit space (s):

How many booths?

----- 10' X 10' Booth @ \$925, \$825 before 9/1/2004 \$ \_\_\_\_\_

----- MULTIPLE 10' X 10' Booth(s) (2 or more) @ \$900 each; \$800 each before 9/1/2004 \$ \_\_\_\_\_

----- 20' X 30' Vehicle space @ \$1075 \$ \_\_\_\_\_

----- Extra booth staff @ \$75 each \$ \_\_\_\_\_

CALL 512/834-6748 FOR HELICOPTER PRICING \$ \_\_\_\_\_  
Total Enclosed

5. ☐ If registering before July 31, enclose at least 50% of the total exhibit fee to hold booths. I understand that the balance is due by Sept. 1, 2004 or booths will be released.

Make checks payable to:  
Texas EMS Conference

Mailing address:  
Texas EMS Conference  
P.O. Box 100  
Hutto, Texas 78634

## Official Use Only

Date Rec'd. \_\_\_\_\_

Type of Pmt. \_\_\_\_\_  
(If check, write #)

Amt. Rec'd. \_\_\_\_\_

☐ MC ☐ Visa ☐ AmEx

Credit Card No: \_\_\_\_\_

Card Holder \_\_\_\_\_ Card Exp \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

If paying by credit card, you may fax your completed registration to:  
Fax 512/759-1719

YOU MAY REGISTER ONLINE AT [WWW.TEXASEMSCONFERENCE.COM](http://WWW.TEXASEMSCONFERENCE.COM)